



**JACKSON-MILTON LOCAL SCHOOLS  
INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN/GOAL SHEET**

Name:	Submission Date:
Building/Assignment:	
<b>Type of License:</b>	
<b>Area of Licensure:</b>	
<b>Issue Date:</b>	<b>Effective Date:</b>
<b>Expiration Date:</b>	
<b>Plan Type:</b> Select One:     ___ Initial Proposal ___ Revised Proposal ___ Amended Proposal	
<b>IPDP Effective Date:</b> <i>From</i> _____ <i>To</i> _____	
<b>Renewal Cycle:</b> Select One:     ___ Transitioning from Resident Educator to 5-year license ___ 1 <sup>st</sup> renewal of 5-year license ___ 2 <sup>nd</sup> renewal of 5-year license ___ 3 <sup>rd</sup> + renewal of 5-year license	
<b>Goals:</b> List 3-5 goals for your professional development learning. Within each goal, include three distinct aspects: (1) Intention to engage in learning; (2) focus for learning; and (3) rational for & application of learning. Indicate which Ohio Educator Standard(s) each goal reflects. <i>(See sample goal below)</i>	
<b>Sample Goal:</b> <i>I will increase my knowledge of strategies to manage groups of students in order to improve classroom discipline.</i> <i>Educator Standards:</i> <i>Teacher Standard #1, Teachers understand student learning &amp; development and respect the diversity of the students they teach.</i> <i>Teacher Standard #5, Teachers create learning environments that promote high levels of learning &amp; achievement for all students.</i>	
<b>GOAL 1:</b>	
<b>Educator Standard(s)</b>	
<b>GOAL 2:</b>	
<b>Educator Standard(s)</b>	
<b>GOAL 3:</b>	
<b>Educator Standard(s)</b>	

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**ADDITIONAL GOALS (if applicable)**

***DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.***

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\_\_\_\_\_Revise/Resubmit

Revision/Advice:

**-OR-**

\_\_\_\_\_ Approved as Written

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXAMPLE JACKSON-MILTON LOCAL SCHOOLS**  
**INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN/GOAL SHEET**

Name: <i>Ms. Teacher</i>	Submission Date: <i>3/29/2017</i>
Building/Assignment: <i>Rural Middle School</i>	
Type of License: <i>5-year professional</i>	
Area(s) of Licensure: <i>Social Studies 7-12</i>	
Issue Date: <i>3/20/2017</i>	Effective Date: <i>7/1/2017</i>
Expiration Date: <i>6/30/2022</i>	
<b>Plan Type:</b> Select One: <input checked="" type="checkbox"/> Initial Proposal <input type="checkbox"/> Revised Proposal <input type="checkbox"/> Amended Proposal	
IPDP Effective Date: <i>From 3/29/2017 To 6/30/2022</i>	
<b>Renewal Cycle:</b> Select One: <input type="checkbox"/> Transitioning from Resident Educator to 5-year license <input type="checkbox"/> 1 <sup>st</sup> renewal of 5-year license <input checked="" type="checkbox"/> 2 <sup>nd</sup> renewal of 5-year license <input type="checkbox"/> 3 <sup>rd</sup> + renewal of 5-year license	
<b>Goals:</b> List 3-5 goals for your professional development learning. Within each goal, include three distinct aspects: (1) Intention to engage in learning; (2) focus for learning; and (3) rational for & application of learning. Indicate which Ohio Educator Standard(s) each goal reflects. <i>(See sample goal below)</i>	
<b>Sample Goal:</b> <i>I will increase my knowledge of strategies to manage groups of students in order to improve classroom discipline.</i> <i>Educator Standards:</i> <i>Teacher Standard #1, Teachers understand student learning &amp; development and respect the diversity of the students they teach.</i> <i>Teacher Standard #5, Teachers create learning environments that promote high levels of learning &amp; achievement for all students.</i>	
<b>GOAL 1:</b> <i>I will extend my knowledge of adolescent and middle school student development, as well as problems associated with this age group in order to help me plan appropriate lessons and interventions so students will be successful in my class.</i>	
<b>Educator Standard(s)</b> <i>Teacher #1 Students</i>	
<b>GOAL 2:</b> <i>I will improve my skills for leading, collaborating and mentoring students, pre-service teachers and peers to improve the quality of the instructional program.</i>	

**Educator Standard(s)**

*Teacher #6 Collaboration and communication*

*Teacher #7 Professional responsibility and growth*

**GOAL 3:**

*I will further my understanding and use of methods to integrate technology into the classroom and curriculum for instruction, assessment and as a tool for communication.*

**Educator Standard(s)**

*Teacher #2 Content*

*Teacher #4 Instruction*

**ADDITIONAL GOALS (if applicable)**

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\_\_\_\_\_ Revise/Resubmit

Revision/Advice:

**-OR-**

\_\_\_\_\_ Approved as Written

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EVIDENCE OF COMPLETION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Clearly articulate how the work you have done and the professional learning that you have gained has resulted in an increase in effectiveness for your work at the Ohio Department of Education.

## COLLEGE COURSEWORK:

- For college courses, the educator must submit completion. **A satisfactory grade (C or above, or pass in pass/fail) on a transcript** signifies that the educator has gained knowledge and has completed significant work in the area studied. In addition, **a reflection describing how the course information has led to change in practice is required.**
- Coursework/degree must be completed for credit at an institution approved by the Ohio Board of Regents, or the equivalent in another state.
- Professional education coursework/degrees must be completed for credit at an institution approved for teacher preparation by the Ohio Department of Education, or the equivalent in another state.

## WORKSHOPS:

- For workshops and seminars **a certificate of attendance will be one source of evidence.** If a certificate is not made available, the LPDC will expect to see a reflection demonstrating how workshop/seminar information has led to change in practice and plan for follow-up activities.

## EQUIVALENT OTHER ACTIVITIES (EOA)

- For EOAs, **educators should describe evidence demonstrating that they have completed the learning activities cited in their IPDP.** A few possibilities include portfolios, journals, policy, assessments, annotated bibliographies, evaluation plans for action research projects and comments from supervisors, peers and/or internal/external customers.



**JACKSON-MILTON LOCAL SCHOOL DISTRICT  
INDIVIDUAL PROFESSIONAL DEVELOPMENT COMMITTEE  
EQUIVALENT OTHER ACTIVITY PROPOSAL**

Any certified staff member may personally present a proposal by requesting an appointment at a regularly scheduled LPDC meeting.

Credit toward licensure will be awarded upon receipt of pre-approval and documentation confirming successful completion of this proposal. This documentation must be a tangible product developed under the direction of a pre-approved supervisor. If you have questions, please see current LDPC handbook (2008 edition) or direct them to the LPDC.

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**The section below will be completed by the LPDC**

- This proposal has been approved as submitted for \_\_\_\_\_ JMC's
- This proposal has merit but has not been accepted as submitted. You may refine the highlighted areas and submit the proposal again for reconsideration.
- This proposal has not been accepted at this time. The purposes, process and benefits of the proposal is worthwhile, please redefine your proposal in a clearer manner before resubmitting.
- This proposal has been denied. See comments below.

COMMENTS:

\_\_\_\_\_  
Signature of LPDC Chairperson

\_\_\_\_\_  
Initial LPDC Review Date

\_\_\_\_\_  
Signature of LPDC Chairperson

\_\_\_\_\_  
Approval Date



**EQUIVALENT OTHER ACTIVITY (EOA)  
ASSESSMENT OF RESULTS**

Name: \_\_\_\_\_ Date submitted to LPDC: \_\_\_\_\_

IPDP Goal \_\_\_\_\_

EOA Title \_\_\_\_\_

Number of JMCs pre-approved \_\_\_\_\_ Number of JMCs requested \_\_\_\_\_  
(The number of JMCs requested cannot exceed the number of JMCs that were pre-approved)

1. Explain how this EOA activity helped fulfill the goals in your IPDP.
  
2. What outcomes were achieved?
  
3. What new strategies, theories and/or skills did you learn?
  
4. How did this activity impact the work of the agency, center or office?
  
5. If a workshop was involved, submit a verification of your attendance.
  
6. Provide evidence that you have completed the learning activity, i.e. portfolio, journal, policy, assessments, annotated bibliographies, evaluation plan, comments from supervisors, peers and/or internal/external customers.

Date Reviewed _____
JMCs Assigned _____

Received	_____
Approved	_____
Completed	_____

**JACKSON-MILTON LOCAL SCHOOL DISTRICT  
LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE  
REQUEST FOR AN APPEAL**

This form must be submitted to the LPDC Chairman within 10 workdays or the last day of school as per the adopted school calendar whichever occurs first.

This form must be submitted to the LPDC Chairman for a Level II Appeal within 20 workdays.

Name: \_\_\_\_\_ Building: \_\_\_\_\_

Please check: I am appealing a(n):  IPDP  
 Credit Proposal  
 Denial of my Level 1 Request for an Appeal

Please check one:  I wish to present my appeal regarding the denial of my IPDP or Credit proposal in person at the next meeting of the LPDC.  
 I wish to appeal the decision regarding my denial to my IPDP or Credit Proposal in writing.  
 I wish to appeal the Level 1 of my Request for an Appeal and commence proceedings for a binding decision.

Presentation of Appeal (Additional material may be attached to this Request for an Appeal):

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Written notification of the Level 1 appeal decision or notification regarding commencement of a binding decision shall be provided within 5 work days or 30 calendar days, whichever comes first.

**JACKSON-MILTON LOCAL SCHOOL DISTRICT  
LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE  
REQUEST FOR AN APPEAL**

(The Section below will be completed by the LPDC)

( ) The IPDP/Credit Proposal which was the subject of this Request for an Appeal and which is attached to this Request has been approved.

\_\_\_\_\_ Number of JMCs      \_\_\_\_\_ Number of Sem Hrs      \_\_\_\_\_ Number of Qt Hrs

( ) The IPDP/Credit Proposal which was the subject of this Request for an Appeal and which is attached to this Request has been denied as submitted.

You may refine the proposal and resubmit the material for reconsideration or move on to a Level II Request for an Appeal.

If you elect to move on to the Level II Request for an Appeal, you have 20 work days from the date of this denial to submit a Request for an Appeal of Level 1 to the LPDC Chairperson.

Comments:

\_\_\_\_\_  
Signature of LPDC Chairperson

\_\_\_\_\_  
Initial LPDC Review Date

\_\_\_\_\_  
Signature of LPDC Chairperson

\_\_\_\_\_  
Approval Date

## APPROVAL VERIFICATION FORM FOR EDUCATORS LEAVING THE LPDC

This verifies that the attached Individual Professional Development Plan (IPDP) was approved on \_\_\_\_\_ (date), and that \_\_\_\_\_ (name of educator) has completed \_\_\_\_\_ college/university semester hours and \_\_\_\_\_ local Continuing Education Units equaling \_\_\_\_\_ semester hours toward the completion of this plan.

\_\_\_\_\_  
(date) (Name of authorized signature)

Name of School District: \_\_\_\_\_

Name of LPDC, if different: \_\_\_\_\_

LPDC Address: \_\_\_\_\_

LPDC Chairperson: \_\_\_\_\_

LPDC Phone Number: \_\_\_\_\_

## Verification Form for Consistently High Performing Teachers

Educators who meet the State Board of Education definition of consistently high-performing teacher as outlined below are exempt from the requirement to complete any additional coursework or continuing education units for the renewal of a professional educator license for the next renewal cycle.

Name:	State ID:
Submission Date:	
Building/Assignment:	
Type of Certificate/License:	
Issue Date:	
Expiration Date:	

**Initial Eligibility Requirements:**

Must meet both of the following criteria:

- \_\_\_\_\_ Hold at least a five-year professional teaching license; AND
- \_\_\_\_\_ Receive the highest final summative rating on evaluations, as defined by Revised Code sections 3319.111 and 3319.112 where applicable, for at least four of the past five years during the current licensure cycle.

School Year	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
<b>Final Summative Rating</b>					

**Final Eligibility Requirements:**

Must also meet at least one of the following additional criteria for at least three of the last five years during the current licensure cycle AND submit a narrative of detailed leadership evidence:

- \_\_\_\_\_ Hold a valid Senior or Lead Professional Educator License;
- \_\_\_\_\_ Hold a locally recognized teacher leadership role that enhances educational practices by providing professional learning experiences at district, regional, state or higher education level;
- \_\_\_\_\_ Serve in a leadership role for a national or state professional academic education organization;
- \_\_\_\_\_ Serve on a state-level committee supporting education;
- \_\_\_\_\_ Receive state or national education recognition or award.

Certification that the eligibility criteria have been met:

LPDC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SUBMIT A SIGNED COPY OF THIS FORM AT TIME OF RENEWAL AS A REMINDER YOU ARE EXEMPT FROM TAKING COURSEWORK.**

## Four-Tiered Teacher Licensure Structure

### Resident Educator License / Alternative Resident Educator License – 4 yr nonrenewable (my be extended on a case by case basis)

Resident Educator License Requirements	Alternative Resident Educator License Requirements
<ul style="list-style-type: none"> <li>• Bachelors degree, an approved program of teacher preparation, pass examinations prescribed by State Board of Education, and 12 semester hours of reading coursework for early childhood, middle childhood, intervention specialist and early childhood intervention specialist licenses, <b>OR</b></li> <li>• Bachelors degree, GPA of 2.5 or higher, pass an examination in the subject area to be taught, successfully complete the summer training institute operated by Teach For America, and be assigned to teach in Ohio as a participant in the Teach For American program</li> </ul>	<ul style="list-style-type: none"> <li>• Bachelors degree</li> <li>• Major in the subject to be taught or extensive work experience</li> <li>• Completion of an Intensive Pedagogical Training Institute (IPTI)</li> <li>• Content area examination</li> <li>• This license will also be issued for career-technical workforce development areas utilizing existing processes for licensing these teachers</li> </ul>

### Professional Educator License – 5 year renewable

Requirements
<ul style="list-style-type: none"> <li>• Bachelors degree (except career-technical workforce development)</li> <li>• Successfully complete the Ohio Resident Educator Program</li> <li>• Alternative License holders successfully complete additional requirements to obtain Professional license</li> </ul>

### Senior Professional Educator License – 5 year renewable

A+B+C

A	B	C
<b>Degree Requirement</b>	<b>Experience</b>	<b>Demonstration of Practice at the Accomplished/Distinguished Level:</b>
<ul style="list-style-type: none"> <li>• Masters degree or higher from an institution of higher education accredited by a regional accrediting organization</li> </ul>	<ul style="list-style-type: none"> <li>• Nine years under a standard teaching license with 120 days of service as defined by ORC, of which at least five years are under a professional/permanent license/certificate</li> </ul>	<ul style="list-style-type: none"> <li>• Successful completion of the Master Teacher Portolio</li> </ul>

### Lead Professional Educator License – 5 year renewable

A+B+C

A	B	C	
<b>Degree Requirement</b>	<b>Experience</b>	<b>Demonstration of Practice at the Distinguished Level:</b>	
<ul style="list-style-type: none"> <li>• Masters degree or higher from an institution of higher education accredited by a regional accrediting organization</li> </ul>	<ul style="list-style-type: none"> <li>• Nine years under a standard teaching license with 120 days of service as defined by ORC, of which at least five years are under a professional/permanent license/certificate or a Senior Professional Educator License</li> </ul>	<ul style="list-style-type: none"> <li>• Earn the Teacher Leader Endorsement <b>AND</b> successful completion of the Master Teacher Portfolio, <b>OR</b></li> </ul>	<ul style="list-style-type: none"> <li>• Hold active National Board Certification (NBPTS)</li> </ul>